

Fill in this information to identify the case:

Debtor name Famulus Health, LLC

United States Bankruptcy Court for the: _____ District of S. C.
(State)

Case number (If known): 24-02019-eg

Check if this is an
amended filing

Official Form 206Sum

Summary of Assets and Liabilities for Non-Individuals

12/15

Part 1: Summary of Assets

1. **Schedule A/B: Assets—Real and Personal Property** (Official Form 206A/B)

1a. **Real property:**

Copy line 88 from *Schedule A/B*.....

\$ 0.00

1b. **Total personal property:**

Copy line 91A from *Schedule A/B*.....

\$ 3,679,312.86

1c. **Total of all property:**

Copy line 92 from *Schedule A/B*.....

\$ 3,679,312.86

Part 2: Summary of Liabilities

2. **Schedule D: Creditors Who Have Claims Secured by Property** (Official Form 206D)

Copy the total dollar amount listed in Column A, *Amount of claim*, from line 3 of *Schedule D*

\$ 0.00

3. **Schedule E/F: Creditors Who Have Unsecured Claims** (Official Form 206E/F)

3a. **Total claim amounts of priority unsecured claims:**

Copy the total claims from Part 1 from line 5a of *Schedule E/F*.....

\$ 0.00

3b. **Total amount of claims of nonpriority amount of unsecured claims:**

Copy the total of the amount of claims from Part 2 from line 5b of *Schedule E/F*.....

+ \$ 62,013,508.03

4. **Total liabilities**

Lines 2 + 3a + 3b

\$ 62,013,508.03

Fill in this information to identify the case:

Debtor name Famulus Health, LLC
 United States Bankruptcy Court for the: _____ District of S.C.
 (State)
 Case number (If known): 24-02019-eg

Check if this is an amended filing

Official Form 206A/B

Schedule A/B: Assets — Real and Personal Property

12/15

Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

Part 1: Cash and cash equivalents

1. Does the debtor have any cash or cash equivalents?

- No. Go to Part 2.
 Yes. Fill in the information below.

All cash or cash equivalents owned or controlled by the debtor	Current value of debtor's interest		
2. Cash on hand	\$ _____		
3. Checking, savings, money market, or financial brokerage accounts (<i>Identify all</i>)			
Name of institution (bank or brokerage firm)	Type of account	Last 4 digits of account number	
3.1. <u>Bank of America</u>	<u>Checking</u>	<u>3825</u>	\$ <u>97,840.09</u>
3.2. <u>Bank of America</u>	<u>Checking</u>	<u>5266</u>	\$ <u>27,507.85</u>
4. Other cash equivalents (<i>Identify all</i>)			
4.1. _____			\$ _____
4.2. _____			\$ _____
5. Total of Part 1	\$ <u>125,347.94</u>		
Add lines 2 through 4 (including amounts on any additional sheets). Copy the total to line 80.			

Part 2: Deposits and prepayments

6. Does the debtor have any deposits or prepayments?

- No. Go to Part 3.
 Yes. Fill in the information below.

7. Deposits, including security deposits and utility deposits

Description, including name of holder of deposit

7.1. _____	\$ _____
7.2. _____	\$ _____

Current value of
debtor's interest

8. Prepayments, including prepayments on executory contracts, leases, insurance, taxes, and rent

Description, including name of holder of prepayment

8.1. <u>Prepaid Insurance - Hartford, Hanover, Markel, Capital Specialty and Nationwide</u>	\$ <u>57,051.42</u>
8.2. <u>Prepaid Other - Sage Intacct, Cisco, NCPDP and Wolters Kluwer</u>	\$ <u>36,367.92</u>

9. Total of Part 2.

Add lines 7 through 8. Copy the total to line 81.

\$ 93,419.34**Part 3: Accounts receivable****10. Does the debtor have any accounts receivable?** No. Go to Part 4. Yes. Fill in the information below.**Current value of debtor's interest****11. Accounts receivable**

11a. 90 days old or less: <u>1,916,756.98</u>	-	=..... →	\$ <u>909,662.98</u>
face amount	doubtful or uncollectible accounts		
11b. Over 90 days old: <u></u>	-	=..... →	\$ <u></u>
face amount	doubtful or uncollectible accounts		

12. Total of Part 3

Current value on lines 11a + 11b = line 12. Copy the total to line 82.

\$ 909,662.98**Part 4: Investments****13. Does the debtor own any investments?** No. Go to Part 5. Yes. Fill in the information below.**Valuation method used for current value****Current value of debtor's interest****14. Mutual funds or publicly traded stocks not included in Part 1**

Name of fund or stock:

14.1. _____	_____	\$ _____
14.2. _____	_____	\$ _____

15. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including any interest in an LLC, partnership, or joint venture

Name of entity:

% of ownership:

15.1. _____	_____ %	_____	\$ _____
15.2. _____	_____ %	_____	\$ _____

16. Government bonds, corporate bonds, and other negotiable and non-negotiable instruments not included in Part 1

Describe:

16.1. _____	_____	\$ _____
16.2. _____	_____	\$ _____

17. Total of Part 4

Add lines 14 through 16. Copy the total to line 83.

\$

Part 5: Inventory, excluding agriculture assets

18. Does the debtor own any inventory (excluding agriculture assets)?

 No. Go to Part 6. Yes. Fill in the information below.

General description	Date of the last physical inventory	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
---------------------	-------------------------------------	--	---	------------------------------------

19. Raw materials

_____ \$ _____ \$ _____
MM / DD / YYYY

20. Work in progress

_____ \$ _____ \$ _____
MM / DD / YYYY

21. Finished goods, including goods held for resale

_____ \$ _____ \$ _____
MM / DD / YYYY

22. Other inventory or supplies

_____ \$ _____ \$ _____
MM / DD / YYYY

23. Total of Part 5

Add lines 19 through 22. Copy the total to line 84.

\$ _____

24. Is any of the property listed in Part 5 perishable?

- No
 Yes

25. Has any of the property listed in Part 5 been purchased within 20 days before the bankruptcy was filed?

- No
 Yes. Book value _____ Valuation method _____ Current value _____

26. Has any of the property listed in Part 5 been appraised by a professional within the last year?

- No
 Yes

Part 6: Farming and fishing-related assets (other than titled motor vehicles and land)

27. Does the debtor own or lease any farming and fishing-related assets (other than titled motor vehicles and land)?

 No. Go to Part 7. Yes. Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
---------------------	--	---	------------------------------------

28. Crops—either planted or harvested

_____ \$ _____ \$ _____

29. Farm animals Examples: Livestock, poultry, farm-raised fish

_____ \$ _____ \$ _____

30. Farm machinery and equipment (Other than titled motor vehicles)

_____ \$ _____ \$ _____

31. Farm and fishing supplies, chemicals, and feed

_____ \$ _____ \$ _____

32. Other farming and fishing-related property not already listed in Part 6

_____ \$ _____ \$ _____

33. Total of Part 6.

Add lines 28 through 32. Copy the total to line 85.

\$ _____

34. Is the debtor a member of an agricultural cooperative?

- No
 Yes. Is any of the debtor's property stored at the cooperative?

- No
 Yes

35. Has any of the property listed in Part 6 been purchased within 20 days before the bankruptcy was filed?

- No
 Yes. Book value \$ _____ Valuation method _____ Current value \$ _____

36. Is a depreciation schedule available for any of the property listed in Part 6?

- No
 Yes

37. Has any of the property listed in Part 6 been appraised by a professional within the last year?

- No
 Yes

Part 7: Office furniture, fixtures, and equipment; and collectibles**38. Does the debtor own or lease any office furniture, fixtures, equipment, or collectibles?**

- No. Go to Part 8.
 Yes. Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
39. Office furniture	\$ _____	\$ _____	\$ _____
40. Office fixtures	\$ _____	\$ _____	\$ _____
41. Office equipment, including all computer equipment and communication systems equipment and software	\$ _____	\$ _____	\$ _____
42. Collectibles Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; china and crystal; stamp, coin, or baseball card collections; other collections, memorabilia, or collectibles	\$ _____	\$ _____	\$ _____
42.1 _____	\$ _____	\$ _____	\$ _____
42.2 _____	\$ _____	\$ _____	\$ _____
42.3 _____	\$ _____	\$ _____	\$ _____
43. Total of Part 7.			\$ _____

Add lines 39 through 42. Copy the total to line 86.

44. Is a depreciation schedule available for any of the property listed in Part 7?

- No
 Yes

45. Has any of the property listed in Part 7 been appraised by a professional within the last year?

- No
 Yes

Part 8: Machinery, equipment, and vehicles**46. Does the debtor own or lease any machinery, equipment, or vehicles?** No. Go to Part 9. Yes. Fill in the information below.

General description <small>Include year, make, model, and identification numbers (i.e., VIN, HIN, or N-number)</small>	Net book value of debtor's interest <small>(Where available)</small>	Valuation method used for current value	Current value of debtor's interest
---	---	---	------------------------------------

47. Automobiles, vans, trucks, motorcycles, trailers, and titled farm vehicles

47.1 _____	\$ _____	_____	\$ _____
47.2 _____	\$ _____	_____	\$ _____
47.3 _____	\$ _____	_____	\$ _____
47.4 _____	\$ _____	_____	\$ _____

48. Watercraft, trailers, motors, and related accessories Examples: Boats, trailers, motors, floating homes, personal watercraft, and fishing vessels

48.1 _____	\$ _____	_____	\$ _____
48.2 _____	\$ _____	_____	\$ _____

49. Aircraft and accessories

49.1 _____	\$ _____	_____	\$ _____
49.2 _____	\$ _____	_____	\$ _____

50. Other machinery, fixtures, and equipment (excluding farm machinery and equipment)

_____	\$ _____	_____	\$ _____
-------	----------	-------	----------

51. Total of Part 8.

Add lines 47 through 50. Copy the total to line 87.

\$ _____

52. Is a depreciation schedule available for any of the property listed in Part 8?

- No
 Yes

53. Has any of the property listed in Part 8 been appraised by a professional within the last year?

- No
 Yes

Part 9: Real property**54. Does the debtor own or lease any real property?** No. Go to Part 10. Yes. Fill in the information below.**55. Any building, other improved real estate, or land which the debtor owns or in which the debtor has an interest**

Description and location of property Include street address or other description such as Assessor Parcel Number (APN), and type of property (for example, acreage, factory, warehouse, apartment or office building), if available.	Nature and extent of debtor's interest in property	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
55.1 _____	_____	\$ _____	_____	\$ _____
55.2 _____	_____	\$ _____	_____	\$ _____
55.3 _____	_____	\$ _____	_____	\$ _____
55.4 _____	_____	\$ _____	_____	\$ _____
55.5 _____	_____	\$ _____	_____	\$ _____
55.6 _____	_____	\$ _____	_____	\$ _____

56. Total of Part 9.

Add the current value on lines 55.1 through 55.6 and entries from any additional sheets. Copy the total to line 88.

\$ _____

57. Is a depreciation schedule available for any of the property listed in Part 9?

- No
 Yes

58. Has any of the property listed in Part 9 been appraised by a professional within the last year?

- No
 Yes

Part 10: Intangibles and intellectual property**59. Does the debtor have any interests in intangibles or intellectual property?**

- No. Go to Part 11.
 Yes. Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
60. Patents, copyrights, trademarks, and trade secrets _____	\$ _____	_____	\$ _____
61. Internet domain names and websites famulushealth.com	\$ _____	_____	\$ unknown
62. Licenses, franchises, and royalties _____	\$ _____	_____	\$ _____
63. Customer lists, mailing lists, or other compilations _____	\$ _____	_____	\$ _____
64. Other intangibles, or intellectual property Capitalized software costs _____	\$ 1,543,788.60	Cost method	\$ 1,543,788.60
65. Goodwill _____	\$ _____	_____	\$ _____
66. Total of Part 10. Add lines 60 through 65. Copy the total to line 89.	\$ 1,543,788.60		

67. Do your lists or records include personally identifiable information of customers (as defined in 11 U.S.C. §§ 101(41A) and 107)?

- No
 Yes

68. Is there an amortization or other similar schedule available for any of the property listed in Part 10?

- No
 Yes

69. Has any of the property listed in Part 10 been appraised by a professional within the last year?

- No
 Yes

Part 11: All other assets

70. Does the debtor own any other assets that have not yet been reported on this form?

Include all interests in executory contracts and unexpired leases not previously reported on this form.

- No. Go to Part 12.
 Yes. Fill in the information below.

Current value of
debtor's interest

71. Notes receivable

Description (include name of obligor)

	-	
	= ➔	
Total face amount		doubtful or uncollectible amount

\$

72. Tax refunds and unused net operating losses (NOLs)

Description (for example, federal, state, local)

	Tax year	\$

\$

\$

\$

73. Interests in insurance policies or annuities

\$

74. Causes of action against third parties (whether or not a lawsuit has been filed)

\$

Nature of claim _____

Amount requested \$ _____

75. Other contingent and unliquidated claims or causes of action of every nature, including counterclaims of the debtor and rights to set off claims

\$

Nature of claim _____

Amount requested \$ _____

76. Trusts, equitable or future interests in property

\$

77. Other property of any kind not already listed Examples: Season tickets, country club membership

\$

\$

78. Total of Part 11.

Add lines 71 through 77. Copy the total to line 90

\$

79. Has any of the property listed in Part 11 been appraised by a professional within the last year?

- No
 Yes

Part 12: Summary

In Part 12 copy all of the totals from the earlier parts of the form.

Type of property	Current value of personal property	Current value of real property
80. Cash, cash equivalents, and financial assets. Copy line 5, Part 1.	\$ 125,347.94	
81. Deposits and prepayments. Copy line 9, Part 2.	\$ 93,419.34	
82. Accounts receivable. Copy line 12, Part 3.	\$ 1,916,756.98	
83. Investments. Copy line 17, Part 4.	\$ _____	
84. Inventory. Copy line 23, Part 5.	\$ _____	
85. Farming and fishing-related assets. Copy line 33, Part 6.	\$ _____	
86. Office furniture, fixtures, and equipment; and collectibles. Copy line 43, Part 7.	\$ _____	
87. Machinery, equipment, and vehicles. Copy line 51, Part 8.	\$ _____	
88. Real property. Copy line 56, Part 9.....	→ \$ _____	
89. Intangibles and intellectual property. Copy line 66, Part 10.	\$ 1,543,788.60	
90. All other assets. Copy line 78, Part 11.	+ \$ _____	
91. Total. Add lines 80 through 90 for each column.....	\$ 3,679,312.86	91b. + \$ _____
92. Total of all property on Schedule A/B. Lines 91a + 91b = 92.....		\$ 3,679,312.86

Fill in this information to identify the case:

Debtor name	Famulus Health, LLC
United States Bankruptcy Court for the:	District of S.C. (State)
Case number (If known):	24-02019-eg

Check if this is an amended filing

Official Form 206D**Schedule D: Creditors Who Have Claims Secured by Property**

12/15

Be as complete and accurate as possible.

1. Do any creditors have claims secured by debtor's property?

- No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.
- Yes. Fill in all of the information below.

Part 1: List Creditors Who Have Secured Claims

2. List in alphabetical order all creditors who have secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim.

Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim
--	--

2.1 Creditor's name	Describe debtor's property that is subject to a lien	\$ _____	\$ _____
Creditor's mailing address	_____		
Describe the lien			
Creditor's email address, if known	Is the creditor an insider or related party? <input type="checkbox"/> No <input type="checkbox"/> Yes		
Date debt was incurred	Is anyone else liable on this claim? <input type="checkbox"/> No <input type="checkbox"/> Yes. Fill out Schedule H: Codebtors (Official Form 206H).		
Last 4 digits of account number	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
Do multiple creditors have an interest in the same property? <input type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor, and its relative priority.	_____		
2.2 Creditor's name	Describe debtor's property that is subject to a lien	\$ _____	\$ _____
Creditor's mailing address	_____		
Describe the lien			
Creditor's email address, if known	Is the creditor an insider or related party? <input type="checkbox"/> No <input type="checkbox"/> Yes		
Date debt was incurred	Is anyone else liable on this claim? <input type="checkbox"/> No <input type="checkbox"/> Yes. Fill out Schedule H: Codebtors (Official Form 206H).		
Last 4 digits of account number	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
Do multiple creditors have an interest in the same property? <input type="checkbox"/> No <input type="checkbox"/> Yes. Have you already specified the relative priority? <input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority.	_____		
<input type="checkbox"/> Yes. The relative priority of creditors is specified on lines _____			
3. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any.		\$ _____	

Part 1:**Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

Column A
Amount of claim
Do not deduct the value of collateral.

Column B
Value of collateral that supports this claim

<p>2. <u>Creditor's name</u></p> <hr/> <p>Creditor's mailing address</p> <hr/> <p>Creditor's email address, if known</p> <hr/> <p>Date debt was incurred _____</p> <p>Last 4 digits of account number _____</p> <p>Do multiple creditors have an interest in the same property?</p> <p><input type="checkbox"/> No</p> <p><input checked="" type="checkbox"/> Yes. Have you already specified the relative priority?</p> <p><input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority. _____ _____</p> <p><input type="checkbox"/> Yes. The relative priority of creditors is specified on lines _____</p>	<p>Describe debtor's property that is subject to a lien</p> <hr/> <p>Describe the lien</p> <hr/> <p>Is the creditor an insider or related party?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p> <p>Is anyone else liable on this claim?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes. Fill out Schedule H: Codebtors (Official Form 206H).</p> <p>As of the petition filing date, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p>	<p>\$ _____</p> <p>\$ _____</p> <p>\$ _____</p>
<p>2. <u>Creditor's name</u></p> <hr/> <p>Creditor's mailing address</p> <hr/> <p>Creditor's email address, if known</p> <hr/> <p>Date debt was incurred _____</p> <p>Last 4 digits of account number _____</p> <p>Do multiple creditors have an interest in the same property?</p> <p><input type="checkbox"/> No</p> <p><input checked="" type="checkbox"/> Yes. Have you already specified the relative priority?</p> <p><input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority. _____ _____</p> <p><input type="checkbox"/> Yes. The relative priority of creditors is specified on lines _____</p>	<p>Describe debtor's property that is subject to a lien</p> <hr/> <p>Describe the lien</p> <hr/> <p>Is the creditor an insider or related party?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p> <p>Is anyone else liable on this claim?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes. Fill out Schedule H: Codebtors (Official Form 206H).</p> <p>As of the petition filing date, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p>	<p>\$ _____</p> <p>\$ _____</p> <p>\$ _____</p>

Debtor

Famulus Health, LLC

Case number (if known) 24-02019-eg

Part 2: List Others to Be Notified for a Debt Already Listed in Part 1

List in alphabetical order any others who must be notified for a debt already listed in Part 1. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for secured creditors.

If no others need to be notified for the debts listed in Part 1, do not fill out or submit this page. If additional pages are needed, copy this page.

Fill in this information to identify the case:

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Debtor Famulus Health, LLC.

United States Bankruptcy Court for the: _____ District of S.C.
(State)

Case number 24-02019-eg
(If known)

Check if this is an
amended filing

Official Form 206E/F**Schedule E/F: Creditors Who Have Unsecured Claims**

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

Part 1: List All Creditors with PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507).

No. Go to Part 2.
 Yes. Go to line 2.

2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part. If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.

		Total claim	Priority amount
2.1	Priority creditor's name and mailing address <hr/> <hr/> <hr/> Date or dates debt was incurred <hr/> Last 4 digits of account number <hr/> Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (_____)	As of the petition filing date, the claim is: \$ _____ <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ _____
2.2	Priority creditor's name and mailing address <hr/> <hr/> <hr/> Date or dates debt was incurred <hr/> Last 4 digits of account number <hr/> Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (_____)	As of the petition filing date, the claim is: \$ _____ <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ _____
2.3	Priority creditor's name and mailing address <hr/> <hr/> <hr/> Date or dates debt was incurred <hr/> Last 4 digits of account number <hr/> Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (_____)	As of the petition filing date, the claim is: \$ _____ <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ _____

Part 1. Additional Page

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

Total claim

Priority amount

2. <input type="checkbox"/>	Priority creditor's name and mailing address	\$ _____	\$ _____
		As of the petition filing date, the claim is:	
		Check all that apply.	
		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
 Date or dates debt was incurred		Basis for the claim:	
 Last 4 digits of account number		Is the claim subject to offset?	
		<input type="checkbox"/> No	
		<input type="checkbox"/> Yes	
 Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (_____)			
2. <input type="checkbox"/>	Priority creditor's name and mailing address	\$ _____	\$ _____
		As of the petition filing date, the claim is:	
		Check all that apply.	
		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
 Date or dates debt was incurred		Basis for the claim:	
 Last 4 digits of account number		Is the claim subject to offset?	
		<input type="checkbox"/> No	
		<input type="checkbox"/> Yes	
 Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (_____)			
2. <input type="checkbox"/>	Priority creditor's name and mailing address	\$ _____	\$ _____
		As of the petition filing date, the claim is:	
		Check all that apply.	
		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
 Date or dates debt was incurred		Basis for the claim:	
 Last 4 digits of account number		Is the claim subject to offset?	
		<input type="checkbox"/> No	
		<input type="checkbox"/> Yes	
 Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (_____)			

Part 2: List All Creditors with NONPRIORITY Unsecured Claims

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

	Amount of claim	
3.1 Nonpriority creditor's name and mailing address Avizva 1818 Library Street, Suite 440 Reston, Virginia 20190	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	\$ 1,411,790.02
3.2 Nonpriority creditor's name and mailing address Change Healthcare PO Box 572490 Murray, UT 84157-2490	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	\$ 861,892.10
3.3 Nonpriority creditor's name and mailing address Cloudhesive 2419 E. Commercial Blvd Suite 300 Fort Lauderdale, FL 33308	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	\$ 426,777.08
3.4 Nonpriority creditor's name and mailing address Goodroot, LLC 10 Front St Collinsville, CT 06019	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	\$ 605,000.00
3.5 Nonpriority creditor's name and mailing address GoodRX, Inc. 2701 Olympic Blvd., West Building Suite 200 Santa Monica, CA 90404-4183	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	\$ 56,000,000.00
3.6 Nonpriority creditor's name and mailing address Michelle Frank 10 Front St Collinsville, CT 06019	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	\$ 306,575.79

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.7	Nonpriority creditor's name and mailing address MJSAJH and Associates, LLC 4 High Ponds Lane Bluffton, SC 29910	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> Liquidated and neither contingent nor disputed	\$ 2,400,000.00
		Basis for the claim: _____	
	Date or dates debt was incurred _____ Last 4 digits of account number _____	Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
3.8	Nonpriority creditor's name and mailing address Noventech 450 E. 22nd Street, Suite 140 Lombard, IL 60148	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 1,473.31
		Basis for the claim: _____	
	Date or dates debt was incurred _____ Last 4 digits of account number _____	Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
3.9	Nonpriority creditor's name and mailing address Relay Health 1564 N.E. Expressway Atlanta, GA 30329-2010	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 240,690.00
		Basis for the claim: _____	
	Date or dates debt was incurred _____ Last 4 digits of account number _____	Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
4.0	Nonpriority creditor's name and mailing address Sanjay Ellanki 10826 Sundrift Dr Tampa, FL 33647	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 2,720.00
		Basis for the claim: _____	
	Date or dates debt was incurred _____ Last 4 digits of account number _____	Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
4.1	Nonpriority creditor's name and mailing address _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ _____
		Basis for the claim: _____	
	Date or dates debt was incurred _____ Last 4 digits of account number _____	Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	

Part 3:**List Others to Be Notified About Unsecured Claims**

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

Name and mailing address	On which line in Part 1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4.1. Weil Gotshal & Manges LLP Attn: David J. Lender 767 Fifth Avenue, New York, NY 10153	Line 3.5 <input type="checkbox"/> Not listed. Explain _____ _____	_____
4.2.	Line _____ <input type="checkbox"/> Not listed. Explain _____ _____	_____
4.3.	Line _____ <input type="checkbox"/> Not listed. Explain _____ _____	_____
4.4.	Line _____ <input type="checkbox"/> Not listed. Explain _____ _____	_____
4.5.	Line _____ <input type="checkbox"/> Not listed. Explain _____ _____	_____
4.6.	Line _____ <input type="checkbox"/> Not listed. Explain _____ _____	_____
4.7.	Line _____ <input type="checkbox"/> Not listed. Explain _____ _____	_____
4.8.	Line _____ <input type="checkbox"/> Not listed. Explain _____ _____	_____
4.9.	Line _____ <input type="checkbox"/> Not listed. Explain _____ _____	_____
4.10.	Line _____ <input type="checkbox"/> Not listed. Explain _____ _____	_____
4.11.	Line _____ <input type="checkbox"/> Not listed. Explain _____ _____	_____

Debtors

Part 3: Additional Page for Others to Be Notified About Unsecured Claims

Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims

5. Add the amounts of priority and nonpriority unsecured claims.

Total of claim amounts

5a. Total claims from Part 1

5a. \$ _____

5b. Total claims from Part 2

5b. + \$ 62,013,508.03

5c. Total of Parts 1 and 2

Lines 5a + 5b = 5c.

5c \$ 62,013,508.03

Fill in this information to identify the case:

Debtor name	Famulus Health, LLC		
United States Bankruptcy Court for the:	District of	S.C. (State)	
Case number (If known):	24-02019-eg	Chapter	11

Check if this is an amended filing

Official Form 206G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, numbering the entries consecutively.

1. Does the debtor have any executory contracts or unexpired leases?

- No. Check this box and file this form with the court with the debtor's other schedules. There is nothing else to report on this form.
 Yes. Fill in all of the information below even if the contracts or leases are listed on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B).

2. List all contracts and unexpired leases		State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
2.1	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <hr/> <p>State the term remaining</p> <hr/> <p>List the contract number of any government contract</p> <hr/>	<u>Master Services Agreement</u> Avizva LLC 1818 Library Street, Suite 440 Reston VA, 20190 <hr/> 1 year <hr/>
2.2	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <hr/> <p>State the term remaining</p> <hr/> <p>List the contract number of any government contract</p> <hr/>	<u>Non-Disclosure Agreement</u> Avizva LLC 1818 Library Street, Suite 440 Reston VA, 20190 <hr/> 1 year <hr/>
2.3	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <hr/> <p>State the term remaining</p> <hr/> <p>List the contract number of any government contract</p> <hr/>	<u>Program Sponsor Agreement</u> Buzz Affect LLC 1 E Broward Blvd, Suite 300W Fort Lauderdale, FL 33301 <hr/> 6 months <hr/>
2.4	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <hr/> <p>State the term remaining</p> <hr/> <p>List the contract number of any government contract</p> <hr/>	<u>Master Relationship Agreement</u> Change Care Solutions, LLC 100 Airpark Center Drive E. Nashville, TN 37217-3055 <hr/> 1 Year <hr/>
2.5	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <hr/> <p>State the term remaining</p> <hr/> <p>List the contract number of any government contract</p> <hr/>	<u>Master Services Agreement</u> CloudHesive LLC 2419 E. Commercial Blvd Ste 300, Fort Lauderdale, FL 33308 <hr/> Expired <hr/>

Debtor

Famulus Health, LLC
Name

Case number (if known) 24-02019-eg

Additional Page if Debtor Has More Executory Contracts or Unexpired Leases

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.6	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p><u>Master Services Agreement</u></p> <p>State the term remaining</p> <p>List the contract number of any government contract</p> <p><u>No Expiration</u></p>	<p>CVS Pharmacy, Inc. Attn: Director, Payer Relations One CVS Drive Woonsocket, RI 02895</p> <p>CVS Pharmacy, Inc. Attn: Legal Department One CVS Drive, Woonsocket, RI 02895</p> <p>Prime Therapeutics, LLC</p>
2.7	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p><u>Master Services Agreement</u></p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>CVS Pharmacy, Inc. Attn: Legal Department One CVS Drive Woonsocket, RI 02895</p>
2.8	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p><u>Prescription Savings Program Marketing and Distribution Agreement</u></p> <p>State the term remaining</p> <p><u>6 months</u></p> <p>List the contract number of any government contract</p>	<p>Elixir Savings, LLC 2181 E. Aurora Rd., Suite 201 Twinsburg, OH 44087</p>
2.9	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p><u>Business Associates Agreement</u></p> <p>State the term remaining</p> <p><u>6 months</u></p> <p>List the contract number of any government contract</p>	<p>Elixir Savings, LLC 2181 E. Aurora Rd., Suite 201 Twinsburg, OH 44087</p>
3.0	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p><u>Agreement</u></p> <p>State the term remaining</p> <p>List the contract number of any government contract</p> <p><u>2 years</u></p>	<p>Glic Health LLC One Marina Park Drive, Suite 1410 Boston, MA 02210</p>
3.1	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p><u>Confidentiality and Non-Disclosure Agreement</u></p> <p>State the term remaining</p> <p><u>2 years</u></p> <p>List the contract number of any government contract</p>	<p>Glic Health LLC One Marina Park Drive, Suite 1410 Boston, MA 02210</p>

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

	List all contracts and unexpired leases	State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
3.2	<p>State what the contract or lease is for and the nature of the debtor's interest <u>Master Services Agreement</u></p> <p>State the term remaining _____</p> <p>List the contract number of any government contract <u>2 years</u></p>	<p>Hippo Technologies LLC 340 Royal Poinciana Way Suite 317-313 Palm Beach FL 33480</p>
3.3	<p>State what the contract or lease is for and the nature of the debtor's interest <u>Second Amended and Restated Master Services Agreement</u></p> <p>State the term remaining <u>1 year</u></p> <p>List the contract number of any government contract</p>	<p>Inside Rx, LLC Attn: Legal Department One Express Way St. Louis, MO 63121</p> <p>Express Scripts, Inc.</p>
3.4	<p>State what the contract or lease is for and the nature of the debtor's interest <u>MSC Master Administrative Services Agreement</u></p> <p>State the term remaining <u>Expired</u></p> <p>List the contract number of any government contract</p>	<p>Medical Security Card Company, LLC 350 S. Williams Blvd., Tucson, AZ 85711 Attn: MSC Compliance and Contracting</p>
3.5	<p>State what the contract or lease is for and the nature of the debtor's interest <u>Agreement</u></p> <p>State the term remaining <u>Expired</u></p> <p>List the contract number of any government contract</p>	<p>MILO Health 105 Stevens Ave Suite 604, Mount Vernon, NY 10550</p>
3.6	<p>State what the contract or lease is for and the nature of the debtor's interest <u>Pharmacy Consumer Discount Services Agreement</u></p> <p>State the term remaining <u>4 months</u></p> <p>List the contract number of any government contract</p>	<p>Navitus Health Solutions, LLC 361 Integrity Dr., Madison, WI 53717</p>
3.7	<p>State what the contract or lease is for and the nature of the debtor's interest <u>Services Agreement</u></p> <p>State the term remaining <u>4 months</u></p> <p>List the contract number of any government contract</p>	<p>NDCHealth Corporation d/b/a RelayHealth 1564 N.E. Expressway, Atlanta, Georgia 30329-2010</p>
3.8	<p>State what the contract or lease is for and the nature of the debtor's interest <u>Master Services Agreement</u></p> <p>State the term remaining <u>No Expiration</u></p> <p>List the contract number of any government contract</p>	<p>Neighborhood Health Plan of Rhode Island 910 Douglas Pike Smithfield, RI 02917</p>

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

List all contracts and unexpired leases		State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
3.9	State what the contract or lease is for and the nature of the debtor's interest	<u>Business Associate Agreement</u> _____ Neighborhood Health Plan of Rhode Island 910 Douglas Pike Smithfield, RI 02917
	State the term remaining	<u>No Expiration</u> _____
	List the contract number of any government contract	_____
4.0	State what the contract or lease is for and the nature of the debtor's interest	<u>Consumer Savings Card Services Agreement</u> _____ OptumRx Discount Services, LLC 1600 McConnor Parkway Schaumburg, IL 60173-6801
	State the term remaining	<u>3 years</u> _____
	List the contract number of any government contract	_____
4.1	State what the contract or lease is for and the nature of the debtor's interest	<u>Program Services Agreement</u> _____ Paramount Rx LLC 2054 Kildaire Farm Rd., #403 Cary, North Carolina 27518
	State the term remaining	<u>1 year</u> _____
	List the contract number of any government contract	_____
4.2	State what the contract or lease is for and the nature of the debtor's interest	<u>Agreement</u> _____ Phoenix Benefits Management 410 Peachtree Parkway, Building 400, Suite 4225 Cumming, GA 30041
	State the term remaining	<u>18 months</u> _____
	List the contract number of any government contract	_____
4.3	State what the contract or lease is for and the nature of the debtor's interest	<u>Reseller Agreement</u> _____ Prescription Card Compare LLC 3900 Darbyshire Dr., Hilliard, OH 43026
	State the term remaining	<u>3 months</u> _____
	List the contract number of any government contract	_____
4.4	State what the contract or lease is for and the nature of the debtor's interest	<u>Master Services Agreement</u> _____ Prime Therapeutics, LLC 2900 Ames Crossing Road, Eagan, MN 55121
	State the term remaining	<u>3 months</u> _____
	List the contract number of any government contract	_____
4.5	State what the contract or lease is for and the nature of the debtor's interest	<u>Technology Services Agreement</u> _____ Red Sail Technologies, LLC 201 West St. John Street, Spartanburg, SC 29306
	State the term remaining	<u>6 months</u> _____
	List the contract number of any government contract	_____

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

List all contracts and unexpired leases		State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease	
4.6	State what the contract or lease is for and the nature of the debtor's interest	Agreement 9 months	Summa Script LLC d/b/a Savings SeekerRx 1564 Northeast Parkway, Atlanta, GA 30329
	State the term remaining		
	List the contract number of any government contract		
4.7	State what the contract or lease is for and the nature of the debtor's interest	Master Services Agreement 2 years	Tower Administrators LLC d/b/a RxSense Administrators 99 High Street, Boston, MA 02110
	State the term remaining		
	List the contract number of any government contract		
4.8	State what the contract or lease is for and the nature of the debtor's interest	Statutory Marketing Agreement Expired	Tower Administrators LLC d/b/a SingleCare Administrators 99 High Street, Boston, MA 02110
	State the term remaining		
	List the contract number of any government contract		
4.9	State what the contract or lease is for and the nature of the debtor's interest	Agreement 1 month	United Networks of America, Inc. 34851 Emarald Coast Parkway, Suite 150 Destin, FL 32541
	State the term remaining		
	List the contract number of any government contract		
5.0	State what the contract or lease is for and the nature of the debtor's interest	Agreement 1 month	WellDyneRx, LLC 500 Eagles Landing Dr. Lakeland, FL 33810
	State the term remaining		
	List the contract number of any government contract		
5.1	State what the contract or lease is for and the nature of the debtor's interest		
	State the term remaining		
	List the contract number of any government contract		
5.2	State what the contract or lease is for and the nature of the debtor's interest		
	State the term remaining		
	List the contract number of any government contract		

Fill in this information to identify the case:

Debtor name	Famulus Health, LLC
United States Bankruptcy Court for the:	District of S.C. (State)
Case number (If known):	24-11020-eg

Check if this is an amended filing

Official Form 206H

Schedule H: Codebtors

12/15

Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.

1. Does the debtor have any codebtors?

- No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.
 Yes

2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, *Schedules D-G*. Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the codebtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.

Column 1: Codebtor		Column 2: Creditor	
Name	Mailing address	Name	Check all schedules that apply:
2.1	_____ Street _____ City _____ State _____ ZIP Code _____	_____	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.2	_____ Street _____ City _____ State _____ ZIP Code _____	_____	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.3	_____ Street _____ City _____ State _____ ZIP Code _____	_____	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.4	_____ Street _____ City _____ State _____ ZIP Code _____	_____	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.5	_____ Street _____ City _____ State _____ ZIP Code _____	_____	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.6	_____ Street _____ City _____ State _____ ZIP Code _____	_____	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G

Fill in this information to identify the case and this filing:

Debtor Name Famulus Health, LLC

United States Bankruptcy Court for the: _____ District of S. C.
(State)

Case number (*If known*): 24-02019-eg

Official Form 202

Declaration Under Penalty of Perjury for Non-Individual Debtors

12/1

5

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Declaration and signature

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- Schedule A/B: Assets-Real and Personal Property* (Official Form 206A/B)
- Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 206D)
- Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 206E/F)
- Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G)
- Schedule H: Codebtors* (Official Form 206H)
- Summary of Assets and Liabilities for Non-Individuals* (Official Form 206Sum)
- Amended Schedule _____
- Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders (Official Form 204)
- Other document that requires a declaration _____

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 06/17/2024
MM / DD / YYYY

x Michael Szwaikos

Signature of individual signing on behalf of debtor

Michael Szwaikos

Printed name

Manager

Position or relationship to debtor